



PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number ~~09702,959~~ 09/558,472

Filing Date April 25, 2000

First Named Inventor Michael Bristow

Art Unit 1632

Examiner Name Shukla, Ram R.

Attorney Docket Number MYOG:004USD1

**ENCLOSURES (Check all that apply)**☒ Fee Transmittal Form☒ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/  
Incomplete Application  
☐ Reply to Missing Parts  
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a  
Provisional Application☐ Power of Attorney, Revocation  
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board  
of Appeals and Interferences☒ Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify  
below):Original and Two Copies (Exhibits A-X) and  
Postcard.**Remarks**

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Fulbright &amp; Jaworski, LLP

Signature

Printed name

Steven L. Highlander

Date

11/12/04

Reg. No.

37,642

**CERTIFICATE OF TRANSMISSION/MAILING**

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Gina N. Shishima - Reg. No. 45,104

Date

11/12/04

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 170.00

## Complete if Known

Application Number	09,782,953 09/656,472
Filing Date	April 25, 2000
First Named Inventor	Michael Bristow
Examiner Name	Shukla, Ram R.
Art Unit	1632
Attorney Docket No.	MYOG:004USD1

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit  
Account  
Number  
Deposit  
Account  
Name

50-1212

Fulbright & Jaworski, LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$ )	

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid
Total Claims	<input type="text"/>	-20** =	<input type="text"/>	X	<input type="text"/>	<input type="text"/>
Independent Claims	<input type="text"/>	-3** =	<input type="text"/>	X	<input type="text"/>	<input type="text"/>
Multiple Dependent					<input type="text"/>	<input type="text"/>

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$ )	

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	170.00
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 170.00

## SUBMITTED BY

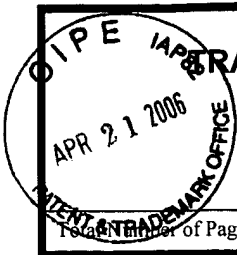
Name (Print/Type)	Steven L. Highlander	Registration No. (Attorney/Agent)	37,642	Telephone	512-536-3184
Signature	<i>For STEVE HIGHLANDER</i>	Date	11/12/04		

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DA-C/1637  
JPW



<b>TRANSMITTAL FORM</b>	<b>Application Number:</b>	09/558,472
	<b>Filing Date:</b>	April 25, 2000
	<b>First Named Inventor:</b>	Michael Bristow
	<b>Art Unit:</b>	1632
	<b>Examiner Name:</b>	Shin Lin Chen
Total Number of Pages in this Submission : _____		<b>Attorney Docket Number:</b> MYOG:004USD1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> References _____ <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts/Requirements <input type="checkbox"/> Declaration(s) _____ <input type="checkbox"/> Copy of Notice of Missing Parts/Requirements	<input type="checkbox"/> Drawings(s) _____ <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition to Revive Unintentionally Abandoned Application Under 37 C.F.R. § 1.137(b). <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Statement under 37 CFR §3.73(b) <input type="checkbox"/> Designation of Patent Practitioners <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Check in the amount of \$1830.00 <input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/MYOG:004D1</u> <input type="checkbox"/> Sequence Statement <input type="checkbox"/> Paper Copy of Sequence Listing <input type="checkbox"/> Computer Readable Form (CRF) <input checked="" type="checkbox"/> Postcard
<b>Remarks:</b> If the check is inadvertently omitted or additional fees under 37 C.F.R. §§ 1.16 to 1.21 are required for any reason relating to the enclosed materials, the Commissioner is authorized to deduct said fees from Fulbright & Jaworski L.L.P. Account No. : 50-1212/MYOG:004USD1/SLH.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Fulbright & Jaworski L.L.P.	Customer Number	32425
Signature			
Printed Name	Steven L. Highlander	Reg. No.	37,642
Date	April 18, 2006		

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Signature			
Typed or Printed Name	Steven L. Highlander	Date	April 18, 2006

**Please indicate receipt of the below-identified paper:**

<input type="checkbox"/> New Application For:		Priority Date:	
<input type="checkbox"/> Foreign priority already claimed			
<input type="checkbox"/> Continuation	<input type="checkbox"/> CIP	<input type="checkbox"/> Divisional	CPA <input type="checkbox"/>
<input type="checkbox"/> Specification:	Pages	<input type="checkbox"/> Drawings:	Sheets
<input checked="" type="checkbox"/> Response to Office Action Dated: 03/19/04		<input type="checkbox"/> Final Rejection	
<input checked="" type="checkbox"/> Other: Transmittal Ltr.; Notice of Appeal From the Primary Examiner to the Board of Patent Appeals and Interferences; \$165.00 Check and Postcard.			
<input type="checkbox"/> Assignment Enclosed	<input checked="" type="checkbox"/> Cert. of Timely Mailing	<input type="checkbox"/> Exp. Mail: <b>EXP. F</b>	

**IDENTIFICATION OF APPLICATION**

Serial No.: 09/558,472	
Title: DIAGNOSIS AND TREATMENT OF MYOCARDIAL FAILURE	
Applicant: MICHAEL BRISTOW ET AL.	Attorney: SLH
Client: MYOGEN INC.	F&J File No.: MYOG:004USD1
Mailed:	Filed: 08/09/04 Due Date:

**Please indicate receipt of the below-identified paper:**

<input type="checkbox"/> New Application For:		Priority Date:	
<input type="checkbox"/> Foreign priority already claimed			
<input type="checkbox"/> Continuation	<input type="checkbox"/> CIP	<input type="checkbox"/> Divisional	CPA <input type="checkbox"/>
<input type="checkbox"/> Specification:	Pages	<input type="checkbox"/> Drawings:	Sheets
<input checked="" type="checkbox"/> Response to Office Action Dated: 03/19/04		<input type="checkbox"/> Final Rejection	
<input checked="" type="checkbox"/> Other: Transmittal Ltr.; Notice of Appeal From the Primary Examiner to the Board of Patent Appeals and Interferences; \$165.00 Check and Postcard.			
<input type="checkbox"/> Assignment Enclosed	<input checked="" type="checkbox"/> Cert. of Timely Mailing	<input type="checkbox"/> Exp. Mail:	

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Serial No.: 09/558,472	
Title: DIAGNOSIS AND TREATMENT OF MYOCARDIAL FAILURE	
Applicant: MICHAEL BRISTOW ET AL.	Attorney: SLH
Client: MYOGEN INC.	F&J File No.: MYOG:004USD1
Mailed:	Filed: 08/09/04 Due Date:

FULBRIGHT & JAWORSKI L.L.P.

VENDOR: 177075 Commissioner for Patents

CHECK NO: 28150

APPR#	INVOICE#	DATE	AMOUNT	DESCRIPTION	VOUCH#
01973	0809200401973	08-09-04	165.00	Filing Fee for Filing Notice of Appeal - Small Entity - 08-09-04 / 10014732	10522533